

HOUSE BILL NO. 552

INTRODUCED BY CAFERRO, HENRY, A. OLSON

A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES FROM APPLYING FINANCIAL CRITERIA BELOW \$15,000 FOR RESOURCES OTHER THAN INCOME IN DETERMINING THE ELIGIBILITY OF CHILDREN ~~FOR~~ UNDER THE POVERTY LEVEL-RELATED CHILDREN'S MEDICAID COVERAGE GROUPS; ~~REQUIRING THE DEPARTMENT TO SIMPLIFY THE MEDICAID APPLICATION TO CONTAIN ONLY THE REQUIREMENTS AS PROVIDED BY FEDERAL LAW; PROVIDING THAT A CHILD WHOSE FAMILY INCOME IS LESS THAN 133 PERCENT OF THE FEDERAL POVERTY THRESHOLD IS ELIGIBLE FOR MEDICAID; AND PROVIDING AN APPROPRIATION; AMENDING SECTIONS SECTION 53-6-113 AND 53-6-131, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE."~~

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 53-6-113, MCA, is amended to read:

"53-6-113. Department to adopt rules. (1) The department of public health and human services shall adopt appropriate rules necessary for the administration of the Montana medicaid program as provided for in this part and that may be required by federal laws and regulations governing state participation in medicaid under Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq., as amended.

(2) The department shall adopt rules that are necessary to further define for the purposes of this part the services provided under 53-6-101 and to provide that services being used are medically necessary and that the services are the most efficient and cost-effective available. The rules may establish the amount, scope, and duration of services provided under the Montana medicaid program, including the items and components constituting the services.

(3) The department shall establish by rule the rates for reimbursement of services provided under this part. The department may in its discretion set rates of reimbursement that it determines necessary for the purposes of the program. In establishing rates of reimbursement, the department may consider but is not limited to considering:

(a) the availability of appropriated funds;

1 (b) the actual cost of services;

2 (c) the quality of services;

3 (d) the professional knowledge and skills necessary for the delivery of services; and

4 (e) the availability of services.

5 (4) The department shall specify by rule those professionals who may deliver or direct the delivery of
6 particular services.

7 (5) The department may provide by rule for payment by a recipient of a portion of the reimbursements
8 established by the department for services provided under this part.

9 (6) The department may adopt rules consistent with this part to govern eligibility for the Montana
10 medicaid program. Rules may include but are not limited to financial standards and criteria for income and
11 resources, treatment of resources, nonfinancial criteria, family responsibilities, residency, application,
12 termination, definition of terms, confidentiality of applicant and recipient information, and cooperation with the
13 state agency administering the child support enforcement program under Title IV-D of the Social Security Act,
14 42 U.S.C. 651, et seq. The department may not apply financial criteria BELOW \$15,000 for resources other than
15 income in determining the eligibility of a child under 19 years of age for POVERTY LEVEL-RELATED CHILDREN'S
16 medicaid COVERAGE GROUPS, AS PROVIDED IN 42 U.S.C. 1396A(L)(1)(B) THROUGH (L)(1)(D).

17 (7) The department may adopt rules limiting eligibility based on criteria more restrictive than that
18 provided in 53-6-131 if required by Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq., as may be
19 amended, or if funds appropriated are not sufficient to provide medical care for all eligible persons.

20 (8) The department may adopt rules necessary for the administration of medicaid managed care
21 systems. Rules to be adopted may include but are not limited to rules concerning:

22 (a) participation in managed care;

23 (b) selection and qualifications for providers of managed care; and

24 (c) standards for the provision of managed care.

25 (9) The Subject to subsection (6), the department shall establish by rule income limits for eligibility for
26 extended medical assistance of persons receiving section 1931 medicaid benefits, as defined in 53-4-602, who
27 lose eligibility because of increased income to the assistance unit, as that term is defined in the rules of the
28 department, as provided in 53-6-134, and shall also establish by rule the length of time for which extended
29 medical assistance will be provided. The department, in exercising its discretion to set income limits and duration
30 of assistance, may consider the amount of funds appropriated by the legislature.

~~(10) The department shall adopt requirements for a simplified medicaid application that is limited only to the requirements as provided in federal law."~~

~~Section 2. Section 53-6-131, MCA, is amended to read:~~

~~"53-6-131. Eligibility requirements. (1) Medical assistance under the Montana medicaid program may be granted to a person who is determined by the department of public health and human services, in its discretion, to be eligible as follows:~~

~~(a) The person receives or is considered to be receiving supplemental security income benefits under Title XVI of the Social Security Act, 42 U.S.C. 1381, et seq., and does not have income or resources in excess of the applicable medical assistance limits:~~

~~(b) The person would be eligible for assistance under the program described in subsection (1)(a) if that person were to apply for that assistance:~~

~~(c) The person is in a medical facility that is a medicaid provider and, but for residence in the facility, the person would be receiving assistance under the program in subsection (1)(a):~~

~~(d) The person is under 21 years of age and in foster care under the supervision of the state or was in foster care under the supervision of the state and has been adopted as a child with special needs:~~

~~(e) The person meets the nonfinancial criteria of the categories in subsections (1)(a) through (1)(d) and:~~

~~(i) the person's income does not exceed the income level specified for federally aided categories of assistance and the person's resources are within the resource standards of the federal supplemental security income program; or~~

~~(ii) the person, while having income greater than the medically needy income level specified for federally aided categories of assistance:~~

~~(A) has an adjusted income level, after incurring medical expenses, that does not exceed the medically needy income level specified for federally aided categories of assistance or, alternatively, has paid in cash to the department the amount by which the person's income exceeds the medically needy income level specified for federally aided categories of assistance; and~~

~~(B) has resources that are within the resource standards of the federal supplemental security income program:~~

~~(f) The person is a qualified pregnant woman or child as defined in 42 U.S.C. 1396d(n):~~

~~(g) The person is a child under 18 years of age whose family income does not exceed 133% of the~~

~~1 federal poverty threshold.~~

~~2 — (2) The Subject to subsection (1)(g), the department may establish income and resource limitations.~~
~~3 Limitations of income and resources must be within the amounts permitted by federal law for the medicaid~~
~~4 program.~~

~~5 — (3) The Montana medicaid program shall pay, as required by federal law, the premiums necessary for~~
~~6 medicaid-eligible persons participating in the medicare program and may, within the discretion of the~~
~~7 department, pay all or a portion of the medicare premiums, deductibles, and coinsurance for a qualified~~
~~8 medicare-eligible person or for a qualified disabled and working individual, as defined in section 6408(d)(2) of~~
~~9 the federal Omnibus Budget Reconciliation Act of 1989, Public Law 101-239, who:~~

~~10 — (a) has income that does not exceed income standards as may be required by the Social Security Act;~~
~~11 and~~

~~12 — (b) has resources that do not exceed standards that the department determines reasonable for~~
~~13 purposes of the program.~~

~~14 — (4) The department may pay a medicaid-eligible person's expenses for premiums, coinsurance, and~~
~~15 similar costs for health insurance or other available health coverage, as provided in 42 U.S.C. 1396b(a)(1).~~

~~16 — (5) In accordance with waivers of federal law that are granted by the secretary of the U.S. department~~
~~17 of health and human services, the department of public health and human services may grant eligibility for basic~~
~~18 medicaid benefits as described in 53-6-101 to an individual receiving section 1931 medicaid benefits, as defined~~
~~19 in 53-4-602, as the specified caretaker relative of a dependent child under the section 1931 medicaid program.~~
~~20 A recipient who is pregnant, meets the criteria for disability provided in Title II of the Social Security Act, 42~~
~~21 U.S.C. 416, et seq., or is less than 21 years of age is entitled to full medicaid coverage, as provided in 53-6-101.~~

~~22 — (6) The department, under the Montana medicaid program, may provide, if a waiver is not available from~~
~~23 the federal government, medicaid and other assistance mandated by Title XIX of the Social Security Act, 42~~
~~24 U.S.C. 1396, et seq., as may be amended, and not specifically listed in this part to categories of persons that~~
~~25 may be designated by the act for receipt of assistance.~~

~~26 — (7) Notwithstanding any other provision of this chapter, medical assistance must be provided to infants~~
~~27 and pregnant women whose family income does not exceed 133% of the federal poverty threshold, as provided~~
~~28 in 42 U.S.C. 1396a(a)(10)(A)(ii)(IX) and 42 U.S.C. 1396a(l)(2)(A)(i), and whose family resources do not exceed~~
~~29 standards that the department determines reasonable for purposes of the program.~~

~~30 — (8) Subject to appropriations, the department may cooperate with and make grants to a nonprofit~~

1 corporation that uses donated funds to provide basic preventive and primary health care medical benefits to
2 children whose families are ineligible for the Montana medicaid program and who are ineligible for any other
3 health care coverage, are under 19 years of age, and are enrolled in school if of school age.

4 ~~——— (9) A person described in subsection (7) must be provided continuous eligibility for medical assistance,~~
5 ~~as authorized in 42 U.S.C. 1396a(e)(5) through a(e)(7).~~

6 ~~——— (10) Full medical assistance under the Montana medicaid program may be granted to an individual~~
7 ~~during the period in which the individual requires treatment of breast or cervical cancer, or both, or of a~~
8 ~~precancerous condition of the breast or cervix, if the individual:~~

9 ~~——— (a) has been screened for breast and cervical cancer under the Montana breast and cervical health~~
10 ~~program funded by the centers for disease control and prevention program established under Title XV of the~~
11 ~~Public Health Service Act, 42 U.S.C. 300k, or in accordance with federal requirements;~~

12 ~~——— (b) needs treatment for breast or cervical cancer, or both, or a precancerous condition of the breast or~~
13 ~~cervix;~~

14 ~~——— (c) is not otherwise covered under creditable coverage, as provided by federal law or regulation;~~

15 ~~——— (d) is not eligible for medical assistance under any mandatory categorically needy eligibility group; and~~

16 ~~——— (e) has not attained 65 years of age."~~

17
18 NEW SECTION. SECTION 2. APPROPRIATION. THERE IS APPROPRIATED ~~\$2.1 MILLION~~ \$1,876,316 FROM THE
19 HEALTH AND MEDICAID INITIATIVES STATE SPECIAL REVENUE ACCOUNT IN 53-6-1201 TO THE DEPARTMENT OF PUBLIC
20 HEALTH AND HUMAN SERVICES FOR FISCAL YEAR 2007 FOR THE PURPOSES OF ~~53-6-113~~ PROVIDING MEDICAID SERVICES
21 TO CHILDREN UNDER 19 YEARS OF AGE FOR WHOM THE DEPARTMENT MAY NOT APPLY FINANCIAL CRITERIA, AS PROVIDED
22 IN 53-6-113(6).

23
24 NEW SECTION. SECTION 3. EFFECTIVE DATE. [THIS ACT] IS EFFECTIVE JULY 1, 2006.

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